

**INTERDEPARTMENTAL PARKING FACILITY REGISTRATION FORM**

1.) Name and address of parking facility: \_\_\_\_\_

Telephone: \_\_\_\_\_

2.) Location of parking facility according to Assessing Department<sup>1</sup>: Block No. \_\_\_\_\_ Lot No.(s) \_\_\_\_\_

*Application must include a signed and dated scale layout of the parking facility with lot lines, driveways, curb cuts, parking stalls, loading zones, building entrances/exits, pedestrian walkways, bicycle storage, etc.*

3.) Name and address of property owner: \_\_\_\_\_

Telephone: \_\_\_\_\_

4.) Name and address of parking facility operator: \_\_\_\_\_

Telephone: \_\_\_\_\_

5.) Will any of the users be located off-site? ☐ Yes. ☐ No.

If "yes," indicate name and address of off-site user(s): (company, residence, individual, or "general public") \_\_\_\_\_

## 6.) Type of Request:

- ☐ New facility  
☐ Modified facility

## 7.) Type of Facility:

- ☐ Lot  
☐ Garage

## 8.) Type of Use:

- ☐ Commercial (general public for a fee)  
☐ Accessory<sup>2</sup> (with a fee? ☐ Yes ☐ No)  
☐ Principal<sup>3</sup> (with a fee? ☐ Yes ☐ No)

9.) If a fee is charged, how will it be collected: At entrance? ☐ Monthly/yearly? ☐ In lease? ☐10.) Number of Parking Spaces Required by Zoning<sup>4</sup>: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

## 11.) Number of Current and Proposed Parking Spaces by Type and User(s):

Type:	Registered <sup>5</sup> :	Proposed:	Proposed User(s): (Name of company, residence, or individual)
Commercial (for a fee)	_____	_____	_____
Residential	_____	_____	_____
Employee	_____	_____	_____
Customer/Client	_____	_____	_____
Visitor/Guest	_____	_____	_____
Other	_____	_____	_____

**Bicycle Spaces** Short Term Spaces/Racks \_\_\_\_/\_\_\_\_ Long Term Spaces /Racks: \_\_\_\_/\_\_\_\_

I hereby certify that all information supplied on this form is true, accurate and complete. I also certify that this information meets the requirements of Article 6 of the Cambridge Zoning Ordinance.

Owner Signature &amp; Title \_\_\_\_\_

Date \_\_\_\_\_

Operator Signature &amp; Title \_\_\_\_\_

Date \_\_\_\_\_

Print Name (Owner) &amp; Title \_\_\_\_\_

Print Name (Operator) &amp; Title \_\_\_\_\_

<sup>1</sup> For questions, contact the Assessing Dept. at 617-349-4343 or on the web at [www.cambridgema.gov/assess/](http://www.cambridgema.gov/assess/)<sup>2</sup> Accessory use parking only has non-commercial users who are located on-site.<sup>3</sup> Principal use parking has a non-commercial user who is located off-site.<sup>4</sup> Parking requirements are described in Article 6 of the Cambridge Zoning Ordinance. Call Inspectional Svcs. at 617-349-6100.<sup>5</sup> Pre-existing off-street parking spaces are registered in the City parking inventory. Call the Traffic Department at 617-349-4745.

**Instructions:** First department to receive application should confirm applicant has completed first page and understands that the required sign-offs may be conditional on others in order. After that department completes the top line of this page and any possible sign-off(s), application should be forwarded to next department for sign-off. Each signing department must indicate the approved # of spaces under "parking tally" plus any conditions. The Traffic Department can not sign-off on a building permit until parts 1), 2), and 4) below are signed. Zoning can not review a building permit application until Traffic has signed off. Licensing can not approve a parking license, if required, until parts 1), 2), 3), and 4) below are signed.

Regarding the application for _____ , the following approvals must be received:	<b>Parking Tally</b> <b>Proposed:</b> _____
1) Number of spaces registered in the parking inventory (info: 617-349-4745): _____ Commercial _____ Residential _____ Other (employee, visitor, etc.)  Signed _____ Department of Traffic, Parking & Transportation Date _____	<b>Registered:</b> _____ conditions: _____
2) Facility has an approved PTDM Plan (info: 617-349-4673): <input type="checkbox"/> Yes. <input type="checkbox"/> No, not required.  Signed _____ PTDM Planning Officer Date _____	<b>PTDM:</b> _____ conditions: _____
3) Facility has permit from Inspectional Services Department (info: 617-349-6100): <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, not required.  Signed _____ Inspectional Services Department Date _____	<b>BZA:</b> _____ conditions: _____
4) Facility has received a commercial parking permit from the CPCC (info: 617-349-4745): <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, not required.  Signed _____ Department of Traffic, Parking & Transportation Date _____	<b>CPCC:</b> _____ conditions: _____
5) Facility must obtain a garage license from the License Commission (info: 617-349-6140): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/> Garage &amp; gasoline storage permit required.           </div> <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, parking license not required.  Signed _____ Cambridge License Commission Date _____	<b>License:</b> _____ conditions: _____

*To be completed by Inspectional Services or License Commission:*

**Final Approved Number of Spaces:** \_\_\_\_\_

*For use by the Traffic Department:*

Final Parking Inventory Registration: \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Other \_\_\_\_\_ Exempt

**FORWARD COPIES TO: TRAFFIC, PARKING & TRANSPORTATION DEPARTMENT; LICENSE COMMISSION; INSPECTIONAL SERVICES DEPARTMENT; AND PTDM PLANNING OFFICER.**